

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

ILLINOIS REPUBLICAN PARTY

ADDRESS (number and street) ▼

P.O. BOX 64897

☐ Check if different than previously reported. (ACC)

CHICAGO

IL

60664

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00005926

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☒ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer DAVE SYVERSON

Signature of Treasurer

DAVE SYVERSON

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

ILLINOIS REPUBLICAN PARTY

Report Covering the Period: From: M M / D D / Y Y Y Y Y 02 / 01 / 2014 To: M M / D D / Y Y Y Y Y 02 / 28 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</span> 2014		71003.82
(b) Cash on Hand at Beginning of Reporting Period.....	79817.32	
(c) Total Receipts (from Line 19) .....	53360.00	91640.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	133177.32	162643.82
7. Total Disbursements (from Line 31) .....	45612.47	75078.97
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	87564.85	87564.85
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	234419.47	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**ILLINOIS REPUBLICAN PARTY**

Report Covering the Period:

From:

M M M	/	D D D	/	Y Y Y Y Y
02	/	01	/	2014

To:

M M M	/	D D D	/	Y Y Y Y Y
02	/	28	/	2014

**I. Receipts**
**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

40200.00

69000.00

(ii) Unitemized .....

4110.00

4640.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

44310.00

73640.00

(b) Political Party Committees .....

1500.00

1500.00

(c) Other Political Committees

(such as PACs).....

600.00

5600.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ..... ▶

46410.00

80740.00

## 12. Transfers From Affiliated/Other

Party Committees.....

6950.00

10900.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

## 19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c)) ..... ▶

53360.00

91640.00

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ..... ▶

53360.00

91640.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	9033.81	9636.46
(ii) Non-Federal Share.....	12951.08	15218.14
(b) Other Federal Operating Expenditures .....	5960.72	7186.84
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	27945.61	32041.44
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	17666.86	43037.53
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	17666.86	43037.53
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	45612.47	75078.97
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	32661.39	59860.83

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	46410.00	80740.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	46410.00	80740.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	14994.53	16823.30
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	14994.53	16823.30

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 32

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**ILLINOIS REPUBLICAN PARTY**

Full Name (Last, First, Middle Initial)

## **A. RICHARD BURRIDGE**

Mailing Address 179 PHEASANT HOLLOW DRIVE

City State Zip Code  
 BURR RIDGE IL 60527-5050

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 RMB CAPITAL MANAGEMENT, LLC

Occupation  
 INVESTMENT COUNSELOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 02 04 2014

Transaction ID : SA11AI.4245

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

## **B. JOVITA CARRANZA**

Mailing Address 9715 WOODS DRIVE  
 UNIT 2002

City State Zip Code  
 SKOKIE IL 60077-4449

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 ICR GROUP

Occupation  
 OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 02 26 2014

Transaction ID : SA11AI.4285

Amount of Each Receipt this Period

600.00

Full Name (Last, First, Middle Initial)

## **C. DAVID CAVICKE**

Mailing Address 310 S MICHIGAN AVENUE  
 UNIT 2001

City State Zip Code  
 CHICAGO IL 60604-4222

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 WOLVERINE TRADING

Occupation  
 LEGAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 02 26 2014

Transaction ID : SA11AI.4277

Amount of Each Receipt this Period

2500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

4100.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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PAGE 7 OF 32

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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**ILLINOIS REPUBLICAN PARTY**

Full Name (Last, First, Middle Initial)

## **A. GRANT CULP**

Mailing Address 7535 W. JACKSON  
#C2

City State Zip Code  
FOREST PARK IL 60130

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CULLOTON STRATEGIES

Occupation  
CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 16 / 2014

Transaction ID : SA11AI.4401

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

## **B. EUGENE DAWSON**

Mailing Address 808 LILL STREET

City State Zip Code  
BARRINGTON IL 60010-4266

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BARRINGTON TOWNSHIP

Occupation  
SUPERVISOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 22 / 2014

Transaction ID : SA11AI.4269

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

## **C. CAROL DONOVAN**

Mailing Address 340 E RANDOLPH STREET  
APT. 2803

City State Zip Code  
CHICAGO IL 60601-7930

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SMITH & DONOVAN CONFECTIONS INC.

Occupation  
BUSINESS OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 26 / 2014

Transaction ID : SA11AI.4287

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

900.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 8 OF 32  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**ILLINOIS REPUBLICAN PARTY**

Full Name (Last, First, Middle Initial)

**A. PATRICIA FALKOWSKI**

Mailing Address 906 CLOUCESTER XING

City

LAKE FOREST

State

IL

Zip Code

60045

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 22 / 2014

Transaction ID : SA11AI.4259

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. ROBERT GLICKMAN**

Mailing Address 973 SHERIDAN ROAD

City

WINNETKA

State

IL

Zip Code

60093

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CORUS BANK

Occupation

BANKER

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 04 / 2014

Transaction ID : SA11AI.4249

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

**C. WILLIAM GROSSI**

Mailing Address 1919 E BURR OAK DRIVE

City

MOUNT PROSPECT

State

IL

Zip Code

60056-1813

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

ATTORNEY

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 22 / 2014

Transaction ID : SA11AI.4263

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

2100.00

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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Detailed Summary Page

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PAGE 9 OF 32

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**ILLINOIS REPUBLICAN PARTY**

Full Name (Last, First, Middle Initial)

## **A. RICHARD HEISE**

Mailing Address 2211 OLD WILLOW ROAD

City  
NORTHFIELD

State Zip Code  
IL 60093

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INNERWORKINGS, LLC

Occupation  
DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 14 / 2014

Transaction ID : SA11AI.4318

Amount of Each Receipt this Period

10000.00

Full Name (Last, First, Middle Initial)

## **B. R. HENRY KLEEMAN**

Mailing Address 1230 WILSON DR.

City  
LAKE FOREST

State Zip Code  
IL 60045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KIRKLAND & ELLIS

Occupation  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 04 / 2014

Transaction ID : SA11AI.4253

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

## **C. VINCENT KOLBER**

Mailing Address 70 W MADISON STREET  
SUITE 2340

City  
CHICAGO

State Zip Code  
IL 60602-4919

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RESIDCO

Occupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 26 / 2014

Transaction ID : SA11AI.4273

Amount of Each Receipt this Period

10000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

21500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 10 OF 32  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**ILLINOIS REPUBLICAN PARTY**

Full Name (Last, First, Middle Initial)

**A. JOHN LAPPE**

Mailing Address 551 JEFFERSON ST

City State Zip Code  
HINSDALE IL 60521

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RT NELSON & ASSOC.

Occupation  
INSURANCE BROKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 20 / 2014

Transaction ID : SA11AI.4324

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. JENNIFER PRITZKER**

Mailing Address 104 S MICHIGAN AVENUE  
SUITE 500

City State Zip Code  
CHICAGO IL 60603

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JENNIFER PRITZKER

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 20 / 2014

Transaction ID : SA11AI.4417

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. MICHAEL REVORD**

Mailing Address 350 WILLOW RD.

City State Zip Code  
WINNETKA IL 60093

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ALDINE CAPITAL PARTNERS, INC.

Occupation  
PRIVATE INVESTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 04 / 2014

Transaction ID : SA11AI.4247

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2300.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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FOR LINE NUMBER:  
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PAGE 11 OF 32

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**ILLINOIS REPUBLICAN PARTY**

Full Name (Last, First, Middle Initial)

**A. DR. DARLENE RUSCITTI**

Mailing Address 131 FAIRLANE COURT  
APT. A

City State Zip Code  
BLOOMINGDALE IL 60108-8290

FEC ID number of contributing  
federal political committee.

C

Name of Employer

STATE OF IL

Occupation

SCHOOL SUPERINTENDANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 26 / 2014

Transaction ID : SA11AI.4291

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. EDWARD SWAN**

Mailing Address 726 GREENWOOD AVENUE

City State Zip Code  
WILMETTE IL 60091-1748

FEC ID number of contributing  
federal political committee.

C

Name of Employer

KIRKLAND & ELLIS

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 04 / 2014

Transaction ID : SA11AI.4251

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

**C. DONALD TRACY**

Mailing Address 205 S 5TH STREET  
SUITE 700

City State Zip Code  
SPRINGFIELD IL 62701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BROWN HAY & STEPHENS LLP

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 26 / 2014

Transaction ID : SA11AI.4279

Amount of Each Receipt this Period

5000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

6800.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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FOR LINE NUMBER:  
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PAGE 12 OF 32

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**ILLINOIS REPUBLICAN PARTY**

Full Name (Last, First, Middle Initial)

**A. RICHARD WOLDENBERG**

Mailing Address 176 HASTINGS AVENUE

City

HIGHLAND PARK

State

IL

Zip Code

60035-5139

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LEARNING RESOURCES INC.

Occupation

CHAIRMAN

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 22 / 2014

Transaction ID : SA11AI.4257

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2500.00

40200.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 32  
(check only one)

☐ 11a ☒ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**ILLINOIS REPUBLICAN PARTY**

Full Name (Last, First, Middle Initial)

## **A. 18TH DISTRICT REPUBLICAN CENTRAL COMMITTEE (FEDERAL ACCOUNT)**

Mailing Address PO BOX 10362

City State Zip Code  
PEORIA IL 61612

FEC ID number of contributing  
federal political committee.

C C00493460

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 22 2014

Transaction ID : SA11B.4429

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

## **B.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

## **C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00

1500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 32  
(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**ILLINOIS REPUBLICAN PARTY**

Full Name (Last, First, Middle Initial)

## **A. VOLUNTEERS FOR SHIMKUS**

Mailing Address PO BOX 661

City

COLLINSVILLE

State

IL

Zip Code

62234

FEC ID number of contributing  
federal political committee.

C

C00258855

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 01 / 2014

Transaction ID : SA11C.4239

Amount of Each Receipt this Period

600.00

In-kind - RENT

Full Name (Last, First, Middle Initial)

## **B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

## **C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

600.00

600.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 15 OF 32

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**ILLINOIS REPUBLICAN PARTY**

Full Name (Last, First, Middle Initial)

## **A. REPUBLICAN NATIONAL COMMITTEE**

Mailing Address 310 1ST STREET SE

City  
WASHINGTON

State Zip Code  
DC 20003-1885

FEC ID number of contributing  
federal political committee.

**C** C00003418

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 04 2014

**Transaction ID : SA12.4302**

Amount of Each Receipt this Period

6950.00

Full Name (Last, First, Middle Initial)

## **B.**

Mailing Address

City

State Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

## **C.**

Mailing Address

City

State Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

6950.00

6950.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 16 OF 32

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**ILLINOIS REPUBLICAN PARTY**

Full Name (Last, First, Middle Initial)

**A. COLE TAYLOR BANK**

Mailing Address P.O. BOX 804427

City CHICAGO      State IL      Zip Code 60680

Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02      19      2014
**Transaction ID : SB21B.4346**

Amount of Each Disbursement this Period

240.74

Full Name (Last, First, Middle Initial)

**B. COMCAST CABLE**

Mailing Address PO BOX 3001

City SOUTHEASTERN      State PA      Zip Code 19398

Purpose of Disbursement  
UTILITIES - DEBT PAYMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02      20      2014
**Transaction ID : SB21B.4392**

Amount of Each Disbursement this Period

539.85

Full Name (Last, First, Middle Initial)

**C. DIRECT MAIL SYSTEMS**

Mailing Address 12450 AUTOMOBILE BLVD.

City CLEARWATER      State FL      Zip Code 33762

Purpose of Disbursement  
DIRECT MAIL: PRINTING AND POSTAGE - DEBT PAYMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02      07      2014
**Transaction ID : SB21B.4431**

Amount of Each Disbursement this Period

500.00

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1280.59



<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

ILLINOIS REPUBLICAN PARTY

State:  District:

MM / DD / YYYY

42.50

State:  District:

02 / 20 / 2014

Age Group	Percentage
18-24	1.06
25-34	1.06
35-44	1.06
45-54	1.06
55-64	1.06
65-74	1.06
75-84	1.06
85+	1.06

State:  District:

Age Group	Percentage
18-24	~10%
25-34	44.62%
35-44	~15%
45-54	~10%
55-64	~10%
65-74	~10%
75-84	~10%
85+	~10%

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 18 OF 32

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**ILLINOIS REPUBLICAN PARTY**

Full Name (Last, First, Middle Initial)

**A. REVOLVIS CONSULTING, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		07		2014

Mailing Address 400 FIRST STREET, SE  
SUITE 200

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
DIRECT MAIL: PRINTING AND POSTAGE - DEBT PAYMENT

Candidate Name

Category/  
Type**Transaction ID : SB21B.4433**

Amount of Each Disbursement this Period

1000.00
---------

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. STAPLES**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		07		2014

Mailing Address 111 N. WABASH AVENUE

City CHICAGO State IL Zip Code 60602

Purpose of Disbursement  
OFFICE SUPPLIES - DEBT PAYMENT

Candidate Name

Category/  
Type**Transaction ID : SB21B.4434**

Amount of Each Disbursement this Period

2000.00
---------

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C. TARGETED CREATIVE COMMUNICATIONS, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		07		2014

Mailing Address 106 S. COLUMBUS ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
DIRECT MAIL: PRINTING AND POSTAGE - DEBT PAYMENT

Candidate Name

Category/  
Type**Transaction ID : SB21B.4438**

Amount of Each Disbursement this Period

500.00
--------

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3500.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 19 OF 32

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**ILLINOIS REPUBLICAN PARTY**

Full Name (Last, First, Middle Initial)

**A. VOLUNTEERS FOR SHIMKUS**

Mailing Address PO BOX 661

City COLLINSVILLE      State IL      Zip Code 62234

Purpose of Disbursement  
In-kind - RENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼
Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
02      01      2014
**Transaction ID : SB21B.4241**

Amount of Each Disbursement this Period

600.00

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City      State      Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼
Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City      State      Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼
Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

600.00

5425.21

	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

ILLINOIS REPUBLICAN PARTY

### A. ADVANTAGE PAYROLL SERVICES

Transaction ID : SB30B.4329

Category/  
Type

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

2703.20

## B. ADVANTAGE PAYROLL SERVICES

MM / DD / YYYY

Transaction ID : SB30B.4330

Category/  
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

2687.41

### C. ANDREW COLLINS

Transaction ID : SB30B.4335

Category/  
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

1262.46

6653.07

[illegible]

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 21 OF 32

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**ILLINOIS REPUBLICAN PARTY**

Full Name (Last, First, Middle Initial)

**A. ANDREW COLLINS**

Mailing Address 308 S MAIN ST, #10

City	State	Zip Code
EDWARDSVILLE	IL	62025

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		27		2014

**Transaction ID : SB30B.4336**

Amount of Each Disbursement this Period

1262.46
---------

Full Name (Last, First, Middle Initial)

**B. JAYME ODOM**

Mailing Address 1401 S STATE ST APT 2111

City	State	Zip Code
CHICAGO	IL	60605

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		14		2014

**Transaction ID : SB30B.4333**

Amount of Each Disbursement this Period

2615.58
---------

Full Name (Last, First, Middle Initial)

**C. JAYME ODOM**

Mailing Address 1401 S STATE ST APT 2111

City	State	Zip Code
CHICAGO	IL	60605

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		27		2014

**Transaction ID : SB30B.4334**

Amount of Each Disbursement this Period

2615.58
---------

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6493.62

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 22 OF 32

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**ILLINOIS REPUBLICAN PARTY**

Full Name (Last, First, Middle Initial)

**A. ANDREW WELHOUSE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		14		2014

Mailing Address 303 S. HALSTED STREET  
APT. 2

City CHICAGO State IL Zip Code 60661

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type**Transaction ID : SB30B.4331**

Amount of Each Disbursement this Period

2260.08
---------

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. ANDREW WELHOUSE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		27		2014

Mailing Address 303 S. HALSTED STREET  
APT. 2

City CHICAGO State IL Zip Code 60661

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type**Transaction ID : SB30B.4332**

Amount of Each Disbursement this Period

2260.09
---------

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

--

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4520.17
---------

17666.86
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**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 23 OF 32

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

AIRNET GROUP, INC.

Nature of Debt (Purpose):

VOLUNTEER PHONE MINUTES

Mailing Address 801 BROAD STREET

City State

CHATTANOOGA

Zip Code

TN

37402

Outstanding Balance Beginning This Period

49881.51

Transaction ID : SD10.4202

Amount Incurred This Period

0.00

Payment This Period

200.00

Outstanding Balance at Close of This Period

49681.51

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

COMCAST CABLE

Nature of Debt (Purpose):

UTILITIES - PAID 2/20/14

Mailing Address PO BOX 3001

City State

SOUTHEASTERN

Zip Code

PA

19398

Outstanding Balance Beginning This Period

539.85

Transaction ID : SD10.4215

Amount Incurred This Period

0.00

Payment This Period

539.85

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

CONSOLIDATED COMMUNICATIONS, INC.

Nature of Debt (Purpose):

INTERNET SERVICES - PAID 2/20/14

Mailing Address 121 S. 17TH STREET

City

MATTOON

State

IL

Zip Code

61938

Outstanding Balance Beginning This Period

195.57

Transaction ID : SD10.4206

Amount Incurred This Period

0.00

Payment This Period

195.57

Outstanding Balance at Close of This Period

0.00

1) SUBTOTALS This Period This Page (optional)..... ►

49681.51

2) TOTALS This Period (last page this line number only)..... ►

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ..... ►

0.00

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

0.00

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 24 OF 32

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**DIRECT MAIL SYSTEMS**

Nature of Debt (Purpose):

DIRECT MAIL: PRINTING AND POSTAGE

Mailing Address 12450 AUTOMOBILE BLVD.

City State

Zip Code

CLEARWATER

FL

33762

Outstanding Balance Beginning This Period

7920.15

Transaction ID : SD10.4199

Amount Incurred This Period

0.00

Payment This Period

500.00

Outstanding Balance at Close of This Period

7420.15

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**FLS CONNECT, LLC**

Nature of Debt (Purpose):

TELEMARKETING

Mailing Address 7300 HUDSON BLVD., N

City State

Zip Code

SAINT PAUL

MN

55128

Outstanding Balance Beginning This Period

43348.00

Transaction ID : SD10.4210

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

43348.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**MAILFINANCE, NEOPOST USA**

Nature of Debt (Purpose):

POSTAGE SYSTEM

Mailing Address 1335 VALWOOD PARKWAY, STE. 111

City

State

Zip Code

CARROLLTON

TX

75006

Outstanding Balance Beginning This Period

5388.24

Transaction ID : SD10.4223

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5388.24

1) **SUBTOTALS** This Period This Page (optional)..... ►

56156.39

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

0.00



**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 25 OF 32

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MK 55 WEST INVESTOR, LLC

Nature of Debt (Purpose):  
OFFICE RENT

Mailing Address 55 W. MONROE STREET

City State

CHICAGO

Zip Code

IL

60603

Outstanding Balance Beginning This Period

31136.36

Transaction ID : SD10.4219

Amount Incurred This Period

0.00

Payment This Period

53.00

Outstanding Balance at Close of This Period

31083.36

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

REVOLVIS CONSULTING, INC.

Nature of Debt (Purpose):

DIRECT MAIL: PRINTING AND POSTAGE

Mailing Address 400 FIRST STREET, SE

SUITE 200

City State

WASHINGTON

Zip Code

DC

20003

Outstanding Balance Beginning This Period

46951.95

Transaction ID : SD10.4213

Amount Incurred This Period

0.00

Payment This Period

1000.00

Outstanding Balance at Close of This Period

45951.95

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

STAPLES

Nature of Debt (Purpose):

OFFICE SUPPLIES

Mailing Address 111 N. WABASH AVENUE

City

CHICAGO

State

IL

Zip Code

60602

Outstanding Balance Beginning This Period

6246.26

Transaction ID : SD10.4208

Amount Incurred This Period

0.00

Payment This Period

2000.00

Outstanding Balance at Close of This Period

4246.26

1) SUBTOTALS This Period This Page (optional)..... ►

81281.57

2) TOTALS This Period (last page this line number only)..... ►

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ..... ►

0.00

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

0.00

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 26 OF 32

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

STONERIDGE GROUP

Nature of Debt (Purpose):  
WEB HOSTING

Mailing Address 4400 N. POINT PKWY, #190

City State

ALPHARETTA

Zip Code

GA 30022

Outstanding Balance Beginning This Period

5700.00

Transaction ID : SD10.4221

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5700.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

TARGETED CREATIVE COMMUNICATIONS, INC.

Nature of Debt (Purpose):  
DIRECT MAIL: PRINTING AND POSTAGE

Mailing Address 106 S. COLUMBUS ST

City State

ALEXANDRIA

Zip Code

VA 22314

Outstanding Balance Beginning This Period

42100.00

Transaction ID : SD10.4204

Amount Incurred This Period

0.00

Payment This Period

500.00

Outstanding Balance at Close of This Period

41600.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)..... ►

47300.00

2) TOTALS This Period (last page this line number only)..... ►

234419.47

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ..... ►

0.00

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

234419.47

**SCHEDULE H2 (FEC Form 3X)****ALLOCATION RATIOS**

PAGE 27 OF 32

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

**RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT  
ACTIVITIES APPEARING ON THIS REPORT.**

Methods of allocation:

- I. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. Shared **DIRECT CANDIDATE SUPPORT** activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity. **For PACs Only:** Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.

<b>ACTIVITY OR EVENT IDENTIFIER</b> 2.25.14 Fundraising Event (02/25/2014) <b>ACTIVITY IS:</b> <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support <b>CHECK IF THE RATIO IS:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported <b>Transaction ID : H2.4387</b>	<b>FEDERAL %</b> <div style="border: 1px solid black; padding: 2px; text-align: center;">61.00</div> %	<b>NONFEDERAL %</b> <div style="border: 1px solid black; padding: 2px; text-align: center;">39.00</div> %
<b>ACTIVITY OR EVENT IDENTIFIER</b> Holiday Fundraiser (12/17/2013) <b>ACTIVITY IS:</b> <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support <b>CHECK IF THE RATIO IS:</b> <input type="checkbox"/> New <input type="checkbox"/> Revised <input checked="" type="checkbox"/> Same as Previously Reported <b>Transaction ID : H2.4445</b>	<b>FEDERAL %</b> <div style="border: 1px solid black; padding: 2px; text-align: center;">86.00</div> %	<b>NONFEDERAL %</b> <div style="border: 1px solid black; padding: 2px; text-align: center;">14.00</div> %
<b>ACTIVITY OR EVENT IDENTIFIER</b>  <b>ACTIVITY IS:</b> <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support <b>CHECK IF THE RATIO IS:</b> <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	<b>FEDERAL %</b> <div style="border: 1px solid black; padding: 2px; text-align: center;"> </div> %	<b>NONFEDERAL %</b> <div style="border: 1px solid black; padding: 2px; text-align: center;"> </div> %
<b>ACTIVITY OR EVENT IDENTIFIER</b>  <b>ACTIVITY IS:</b> <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support <b>CHECK IF THE RATIO IS:</b> <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	<b>FEDERAL %</b> <div style="border: 1px solid black; padding: 2px; text-align: center;"> </div> %	<b>NONFEDERAL %</b> <div style="border: 1px solid black; padding: 2px; text-align: center;"> </div> %
<b>ACTIVITY OR EVENT IDENTIFIER</b>  <b>ACTIVITY IS:</b> <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support <b>CHECK IF THE RATIO IS:</b> <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	<b>FEDERAL %</b> <div style="border: 1px solid black; padding: 2px; text-align: center;"> </div> %	<b>NONFEDERAL %</b> <div style="border: 1px solid black; padding: 2px; text-align: center;"> </div> %
<b>ACTIVITY OR EVENT IDENTIFIER</b>  <b>ACTIVITY IS:</b> <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support <b>CHECK IF THE RATIO IS:</b> <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	<b>FEDERAL %</b> <div style="border: 1px solid black; padding: 2px; text-align: center;"> </div> %	<b>NONFEDERAL %</b> <div style="border: 1px solid black; padding: 2px; text-align: center;"> </div> %

**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 28 OF 32

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

**ILLINOIS REPUBLICAN PARTY**

<b>A. Full Name (Last, First, Middle Initial)</b> <b>ARISTOTLE</b>		<b>Transaction ID : H4.4355</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 205 PENNSYLVANIA AVENUE, SE					
City WASHINGTON	State DC	Zip Code 20003			
Purpose of Disbursement: COMPLIANCE SOFTWARE		001		Allocated Activity or Event Year-To-Date 9165.01	
Activity or Event Identifier: Administrative		Category/ Type		Date 02 / 04 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
845.25			3179.75		4025.00

<b>B. Full Name (Last, First, Middle Initial)</b> <b>ANDREW COLLINS</b>		<b>Transaction ID : H4.4356</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 308 S MAIN ST, #10					
City EDWARDSVILLE	State IL	Zip Code 62025			
Purpose of Disbursement: REIMBURSEMENT - SEE MEMO BELOW		001		Allocated Activity or Event Year-To-Date 9403.57	
Activity or Event Identifier: Administrative		Category/ Type		Date 02 / 07 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
50.10			188.46		238.56

<b>C. Full Name (Last, First, Middle Initial)</b> <b>ANDREW COLLINS</b>		<b>Transaction ID : H4.4357</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 308 S MAIN ST, #10					
City EDWARDSVILLE	State IL	Zip Code 62025			
Purpose of Disbursement: MILEAGE		001		Allocated Activity or Event Year-To-Date 9642.13	
Activity or Event Identifier: Administrative		Category/ Type		Date 02 / 07 / 2014	
[MEMO ITEM]					
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
50.10			188.46		238.56

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
895.35		3368.21		4263.56

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 29 OF 32

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

**ILLINOIS REPUBLICAN PARTY**

<b>A. Full Name (Last, First, Middle Initial)</b> <b>ALPHAGRAPHICS</b>		<b>Transaction ID : H4.4359</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 1017 W WASHINGTON BOULEVARD					
City CHICAGO	State IL	Zip Code 60607			
Purpose of Disbursement: PRINTING		001 Category/ Type		Allocated Activity or Event Year-To-Date 9957.37	
Activity or Event Identifier: Administrative				Date <input type="text" value="02"/> / <input type="text" value="07"/> / <input type="text" value="2014"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
66.20			249.04		315.24

<b>B. Full Name (Last, First, Middle Initial)</b> <b>UNION LEAGUE CLUB</b>		<b>Transaction ID : H4.4361</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 65 W JACKSON BOULEVARD					
City CHICAGO	State IL	Zip Code 60604			
Purpose of Disbursement: FACILITY RENTAL & CATERING		001 Category/ Type		Allocated Activity or Event Year-To-Date 10661.87	
Activity or Event Identifier: Administrative				Date <input type="text" value="02"/> / <input type="text" value="07"/> / <input type="text" value="2014"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
147.94			556.56		704.50

<b>C. Full Name (Last, First, Middle Initial)</b> <b>ACE SIGN COMPANY</b>		<b>Transaction ID : H4.4363</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 2540 S 1ST STREET					
City SPRINGFIELD	State IL	Zip Code 62705			
Purpose of Disbursement: PRINTING		001 Category/ Type		Allocated Activity or Event Year-To-Date 11512.08	
Activity or Event Identifier: Administrative				Date <input type="text" value="02"/> / <input type="text" value="07"/> / <input type="text" value="2014"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
178.54			671.67		850.21

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
392.68		1477.27		1869.95

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 30 OF 32

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

**ILLINOIS REPUBLICAN PARTY**

<b>A. Full Name (Last, First, Middle Initial)</b> <b>MK 55 WEST INVESTOR, LLC</b>			<b>Transaction ID : H4.4365</b>		<b>Allocated Activity or Event:</b> <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 55 W. MONROE STREET						
City CHICAGO	State IL	Zip Code 60603				
Purpose of Disbursement: RENT			001 Category/ Type		Allocated Activity or Event Year-To-Date 15459.08	
Activity or Event Identifier: Administrative					Date <input type="text" value="02"/> / <input type="text" value="07"/> / <input type="text" value="2014"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE		=	TOTAL AMOUNT
828.87			3118.13			3947.00

<b>B. Full Name (Last, First, Middle Initial)</b> <b>COMED</b>			<b>Transaction ID : H4.4371</b>		<b>Allocated Activity or Event:</b> <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address PO BOX 6111						
City CAROL STREAM	State IL	Zip Code 60197				
Purpose of Disbursement: UTILITIES			001 Category/ Type		Allocated Activity or Event Year-To-Date 15605.91	
Activity or Event Identifier: Administrative					Date <input type="text" value="02"/> / <input type="text" value="07"/> / <input type="text" value="2014"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE		=	TOTAL AMOUNT
30.83			116.00			146.83

<b>C. Full Name (Last, First, Middle Initial)</b> <b>US BANK</b>			<b>Transaction ID : H4.4373</b>		<b>Allocated Activity or Event:</b> <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address P.O. BOX 790448						
City ST. LOUIS	State MO	Zip Code 63179				
Purpose of Disbursement: EQUIPMENT RENTAL: COPIER			001 Category/ Type		Allocated Activity or Event Year-To-Date 16081.55	
Activity or Event Identifier: Administrative					Date <input type="text" value="02"/> / <input type="text" value="07"/> / <input type="text" value="2014"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE		=	TOTAL AMOUNT
99.88			375.76			475.64

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
959.58		3609.89		4569.47

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 31 OF 32

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

**ILLINOIS REPUBLICAN PARTY**

<b>A. Full Name (Last, First, Middle Initial)</b> <b>SANGAMON COUNTY REPUBLICAN PARTY</b>			<b>Transaction ID : H4.4442</b>			Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 1132 E SANGAMON AVE.								
City SPRINGFIELD		State IL		Zip Code 62702				
Purpose of Disbursement: EVENT REGISTRATION FEE					001		Allocated Activity or Event Year-To-Date 16381.55	
Activity or Event Identifier: Administrative					Category/ Type		Date MM / DD / YYYY 02 / 07 / 2014	
FEDERAL SHARE			+		NONFEDERAL SHARE		= TOTAL AMOUNT	
63.00					237.00		300.00	

<b>B. Full Name (Last, First, Middle Initial)</b> <b>WEST BEND MUTUAL INSURANCE</b>			<b>Transaction ID : H4.4376</b>			Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 188 W INDUSTRIAL DRIVE SUITE 430								
City ELMHURST		State IL		Zip Code 60126				
Purpose of Disbursement: INSURANCE					001		Allocated Activity or Event Year-To-Date 16815.96	
Activity or Event Identifier: Administrative					Category/ Type		Date MM / DD / YYYY 02 / 24 / 2014	
FEDERAL SHARE			+		NONFEDERAL SHARE		= TOTAL AMOUNT	
91.23					343.18		434.41	

<b>C. Full Name (Last, First, Middle Initial)</b> <b>VENTIS AVIATION, INC.</b>			<b>Transaction ID : H4.4375</b>			Allocated Activity or Event: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 1098 S. MILWAUKEE AVE., SUITE #301								
City WHEELING		State IL		Zip Code 60090				
Purpose of Disbursement: TRAVEL: AIR					003		Allocated Activity or Event Year-To-Date 9755.50	
Activity or Event Identifier: 2.25.14 Fundraising Event(02/25/2014)					Category/ Type		Date MM / DD / YYYY 02 / 21 / 2014	
FEDERAL SHARE			+		NONFEDERAL SHARE		= TOTAL AMOUNT	
5950.85					3804.65		9755.50	

**SUBTOTAL of Allocated Federal and NonFederal Activity This Page**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
6105.08		4384.83		10489.91

**TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))**

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 32 OF 32

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

**ILLINOIS REPUBLICAN PARTY**

<b>A. Full Name (Last, First, Middle Initial)</b> <b>SARA KARLOVICS</b>		<b>Transaction ID : H4.4447</b>		Allocated Activity or Event: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address PO BOX 7941				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City GURNEE	State IL	Zip Code 60031		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: FUNDRAISING CONSULTING		003		Allocated Activity or Event Year-To-Date 792.00	
Activity or Event Identifier: Holiday Fundraiser(12/17/2013)		Category/ Type		Date 02 / 07 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
681.12			110.88		792.00

<b>B. Full Name (Last, First, Middle Initial)</b>				Allocated Activity or Event: <input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City	State	Zip Code		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement:				Allocated Activity or Event Year-To-Date	
Activity or Event Identifier:		Category/ Type		Date	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT

<b>C. Full Name (Last, First, Middle Initial)</b>				Allocated Activity or Event: <input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City	State	Zip Code		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement:				Allocated Activity or Event Year-To-Date	
Activity or Event Identifier:		Category/ Type		Date	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
681.12		110.88		792.00

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT
9033.81	12951.08	21984.89